



Your greater Minnesota health plan™

2026 PrimeWest Health Medical Drug List

Families and Children

MinnesotaCare

Minnesota Senior Care Plus (MSC+)

Special Needs BasicCare (SNBC)

Member Services: **1-866-431-0801**

TTY: **1-800-627-3529** or **711**

Monday – Friday, 8 a.m. – 8 p.m.

These calls are free.

Website

www.primewest.org/members

Address

PrimeWest Health

3905 Dakota St

Alexandria, MN 56308

Effective January 1, 2026

Last Updated January 1, 2026

1-866-431-0801 (toll free); TTY 1-800-627-3529 or 711

ATTENTION: If you speak English, free language assistance services are available to you free of charge and without unnecessary delay. Additionally, appropriate auxiliary aids and services to provide information in accessible formats are available free of charge and in a timely manner. Please call the number above or speak to your provider. English

ትኩረት፡ አማርኛ የሚናገሩ ከሆነ፣ ነጻ የቋንቋ እርዳታ አገልግሎቶች፣ ያለ ምንም ክፍያ፣ እና ያለ ምንም መዘገየት ለእርስዎ ይገኛሉ። በተጨማሪም፣ መረጃን በተደራሽ ቅርፀቶች ለማቅረብ፣ ተገቢ ረዳት መርጃዎች እና አገልግሎቶች ከክፍያ ነጻ እና በጊዜ ይገኛሉ። እባክዎ ከላይ ባለው ቁጥር ይደውሉ ወይም አቅራቢዎን ያነጋግሩ። Amharic

تنبيه: إذا كنت تتحدث العربية، فستكون خدمات المساعدة اللغوية متاحة لك مجاناً وبدون تأخير غير ضروري. بالإضافة إلى ذلك، تتوفر المساعدات والخدمات المساعدة المناسبة لتوفير المعلومات بتنسيقات يسهل الوصول إليها مجاناً وفي الوقت المناسب. يرجى الاتصال بالرقم أعلاه أو التحدث إلى مقدم الخدمة الخاص بك. Arabic

သတိပြုပါ- သင်သည် မြန်မာဘာသာ ဘာသာစကားဖြင့် ပြောဆိုပါက၊ အခမဲ့ ဘာသာပြန်ဆိုပေးသော ဝန်ဆောင်မှုများကို မလိုလားအပ်သည့် နှောင့်နှေးကြန့်ကြာမှုတို့မရှိဘဲ အခမဲ့ ရရှိနိုင်ပါသည်။ ထို့အပြင်၊ အသုံးပြုခွင့်ရရှိထားသောပုံစံများတွင် သတင်းအချက်အလက်များ ပေးဆောင်နိုင်ရန်အတွက် သင့်လျော်သော အရန်အကူအညီများနှင့် ဝန်ဆောင်မှုများကို အချိန်နှင့်တစ်ပြေးညီ အခမဲ့ရရှိနိုင်ပါသည်။ အထက်တွင် ဖော်ပြထားသောနံပါတ်ကို ဖုန်းခေါ်ဆိုပါ သို့မဟုတ် သင်၏ဝန်ဆောင်မှုပေးသူထံ စကားပြောဆိုပါ။ Burmese

注意：如果您講繁體中文，我們將免費為您提供語言協助服務，且不會造成不必要的延誤。此外，還免費及時提供適當的輔助工具和服務，以無障礙格式提供資訊。請撥打上述電話號碼或與您的提供者聯絡。Chinese

ATTENTION : Si vous parlez Français, des services d'assistance linguistique gratuits sont à votre disposition gratuitement et sans délai inutile. En outre, des aides et services auxiliaires appropriés permettant de fournir des informations dans des formats accessibles sont disponibles gratuitement et en temps opportun. Veuillez appeler le numéro ci-dessus ou parler à votre prestataire. French

CEEB TOOM: Yog tias koj hais lus Hmoob, muaj cov kev pab cuam lus pab dawb rau koj xwb thiab tsis muaj qhov qeeb li. Dhau no lawm, tseem muaj ntaub ntawv qhia txog cov cuab yeej pab hnov lus thiab cov kev pab cuam ua hom qauv ntawv uas mus siv tau dawb yam tsis sau nqi thiab raws sij hawm. Thov hu rau tus xov tooj saum toj no los sis tham nrog koj tus kws kho mob. Hmong

တိန်နီ- ဖဲနမ္မာကတိကညီကျိန်န့ၣ်, သဘျုကျိန်တၢ်ဟ့ၣ်မၤစၢၤအတၢ်ဖံးတၢ်မၤတဖၣ်ကအိၣ်ဝဲဒၣ်လၢနဂီၢ်လၢ တလိၣ်ဟ့ၣ်အပူၤဒီးတထုးတၢ်ဆၢကတိၢ်ယံၣ်ယံၣ်ဘၣ်န့ၣ်လီၤ. အမံၤညါ, တၢ်န့ၣ်ဟ့ၣ်အပီးအလီၤလၢအဖံးမံဒီး တၢ်မၤစၢၤအ တၢ်ဖံးတၢ်မၤတဖၣ်လၢကဟ့ၣ်တၢ်ဂ့ၢ်တၢ်ကျိၤလၢက့ၢ်ဂီၤလၢတၢ်မၤန့ၢ်သ့အီၤညီန့ၣ်ကအိၣ်ဝဲဒၣ် လၢအပူၤတအိၣ်ဒီးတၢ်ကဟ့ၣ်အီၤအဆၢကတိၢ်ဘၣ်ဘၣ်န့ၣ်လီၤ. ဝံသးစူၤကိးဘၣ်လိတဲစိနီၢ်ဂီၢ်လၢထးမ့တမ့ၢ် ကတိၤတၢ်ဒီးနပူၤဟ့ၣ်တၢ်မၤစၢၤတၢ်တက့ၢ်. Karen

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ចូរកត់ចំណាំ៖ ប្រសិនបើអ្នកនិយាយភាសាខ្មែរ សេវាជំនួយភាសាភាគតិចត្រូវបានផ្តល់ឱ្យអោយមានសម្រាប់អ្នកដោយមិនគិតថ្លៃនិងដោយគ្មានការពន្យារពេលមិនចាំបាច់។ លើសពីនេះ ផ្លូវ និងសេវាកម្មជំនួយសមស្របដើម្បីផ្តល់ព័ត៌មានក្នុងទម្រង់ដែលអាចចូលប្រើបាន អាចរកបានដោយមិនគិតថ្លៃ និងទាន់ពេលវេលា។ សូមទូរសព្ទទៅលេខខាងលើ ឬនិយាយទៅកាន់អ្នកផ្តល់សេវារបស់អ្នក។ Khmer

주의: 한국어를 사용하시는 경우, 불필요한 지연 없이 무료로 언어 지원 서비스를 받으실 수 있습니다. 또한, 접근 가능한 형식으로 정보를 제공해 주는 적절한 보조 도구와 서비스를 무료로 적시에 이용하실 수 있습니다. 위의 번호로 전화하시거나 담당 의료 제공자에게 문의해 주십시오. Korean

ຂໍຂວນ ເອົາໃຈໃສ່: ຖ້າ ທ່ານ ເວົ້າ ລາວ, ການບໍລິການການ ຊ່ວຍເຫຼືອ ດ້ານພາສາແມ່ນມີໃຫ້ ທ່ານ ໂດຍບໍ່ເສຍຄ່າ ແລະ ໂດຍບໍ່ມີການ ຊັກຊ້າທີ່ບໍ່ຈໍາ ເປັນ. ນອກຈາກນັ້ນ, ການ ຊ່ວຍ ເຫຼືອ ແລະ ການບໍລິການຜົນກະທົບໃນການສະໜອງຂໍ້ມູນ ໃນຮູບແບບທີ່ສາມາດເຂົ້າ ເຖິງໄດ້ແມ່ນມີໃຫ້ໂດຍບໍ່ເສຍຄ່າ ແລະ ທັນເວລາ. ກະລຸນາໂທຫາເບີໂທຂ້າງເທິງ ຫຼື ຜົນກະທົບໃຫ້ບໍລິການຂອງທ່ານ. Lao

HUBADHAA: Afaan Oromoo dubbattu yoo ta'e, tajaajilootni deeggarsa afaanii barfannaa hin barbaachisne malee bilisaan isiniif kennamu. Dabalataanis, odeeffannoo bifa argamuun danda'uun dhiyeessuf tajaajilliwwaniifi deeggarsiwwan dabalataa bilisaafi yeroosaa eeggate jira. Maaloo lakkkoofsa armaan olii irratti bilbilaa yookiin ogeessa fayyaa keessan haasofsiisaa. Oromo

ВНИМАНИЕ: Если вы говорите по-русски, вам доступны бесплатные услуги языковой помощи, которые оказываются безвозмездно и своевременно. Кроме того, бесплатно и своевременно предоставляются соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах. Позвоните по указанному выше номеру или обратитесь к своему поставщику услуг. Russian

FIIRO GAAR AH: Haddii aad ku hadasho Soomaali, adeegyada kaalmada luqadda bilaashka ah ayaa laguugu heli karaa adiga lacag la'aan oo aan lahayn daahid aan lama huraan ahayn. Intaa waxaa dheer, caawimooyinka iyo adeegyada ku habboon si loogu bixiyo macluumaadka qaabab la heli karo ayaa lagu heli karaa lacag la'aan iyo waqti ku habboon. Fadlan wac lambarka kore ama la hadal adeeg bixiyahaaga. Somali

ATENCIÓN: Si habla español, los servicios gratuitos de asistencia en otros idiomas están disponibles para usted de forma gratuita y sin demoras innecesarias. Además, se dispone de ayuda y servicios auxiliares apropiados para proporcionar información en formatos accesibles de forma gratuita y oportuna. Llame al número mencionado anteriormente o hable con su proveedor. Spanish

LUU Ý: Nếu quý vị nói Tiếng Việt, dịch vụ hỗ trợ ngôn ngữ miễn phí có sẵn cho quý vị, hoàn toàn miễn phí và không bị chậm trễ không cần thiết. Ngoài ra, các thiết bị và dịch vụ hỗ trợ phù hợp để cung cấp thông tin ở các định dạng dễ tiếp cận cũng được cung cấp miễn phí và kịp thời. Vui lòng gọi số ở trên hoặc nói chuyện với nhà cung cấp của quý vị. Vietnamese

Civil Rights Notice

Discrimination is against the law. PrimeWest Health does not discriminate on the basis of any of the following:

- race
- color
- national origin
- creed
- religion
- sexual orientation
- public assistance status
- age
- disability (including physical or mental impairment)
- sex (including sex stereotypes and gender identity)
- marital status
- political beliefs
- medical condition
- health status
- receipt of health care services
- claims experience
- medical history
- genetic information

You have the right to file a discrimination complaint if you believe you were treated in a discriminatory way by PrimeWest Health. You can file a complaint and ask for help filing a complaint in person or by mail, phone, fax, or email at:

Civil Rights Coordinator

PrimeWest Health

3905 Dakota St Alexandria, MN 56308

Toll Free: 1-866-431-0801; TTY: 1-800-627-3529 or 711; Fax: 1-320-762-8750

Email: compliance@primewest.org

Auxiliary Aids and Services: PrimeWest Health provides auxiliary aids and services, like qualified interpreters or information in accessible formats, free of charge and in a timely manner to ensure an equal opportunity to participate in our health care programs. **Contact PrimeWest Health at memberservices@primewest.org, or call Member Services at 1-866-431-0801 or TTY 1-800-627-3529 or 711. The call is free.**

Language Assistance Services: PrimeWest Health provides translated documents and spoken language interpreting, free of charge and in a timely manner, when language assistance services are necessary to ensure limited English speakers have meaningful access to our information and services. **Contact PrimeWest Health at memberservices@primewest.org, or call Member Services at 1-866-431-0801 or TTY 1-800-627-3529 or 711. The call is free.**

Civil Rights Complaints

You have the right to file a discrimination complaint if you believe you were treated in a discriminatory way by PrimeWest Health. You may also contact any of the following agencies directly to file a discrimination complaint.

U.S. Department of Health and Human Services Office for Civil Rights (OCR)

You have the right to file a complaint with the OCR, a federal agency, if you believe you have been discriminated against because of any of the following:

- race
- color
- national origin
- age
- disability
- sex
- religion (in some cases)

Contact the **OCR** directly to file a complaint:

Office for Civil Rights, U.S. Department of Health and Human Services

Midwest Region

233 N. Michigan Avenue, Suite 240 Chicago, IL 60601

Customer Response Center: 800-368-1019, TTY: 800-537-7697

Email: ocrmail@hhs.gov

Minnesota Department of Human Rights (MDHR)

In Minnesota, you have the right to file a complaint with the MDHR if you have been discriminated against because of any of the following:

- race
- color
- national origin
- religion
- creed
- sex
- sexual orientation
- marital status
- public assistance status
- disability

Contact the **MDHR** directly to file a complaint:

Minnesota Department of Human Rights

540 Fairview Avenue North, Suite 201, St. Paul, MN 55104

651-539-1100 (voice), 800-657-3704 (toll-free), 711 or 800-627-3529 (MN Relay), 651-296-9042 (fax)

Info.MDHR@state.mn.us (email)

Minnesota Department of Human Services (DHS)

You have the right to file a complaint with DHS if you believe you have been discriminated against in our health care programs because of any of the following:

- race
- color
- national origin
- religion (in some cases)
- age
- disability (including physical or mental impairment)
- sex (including sex stereotypes and gender identity)

Complaints must be in writing and filed within 180 days of the date you discovered the alleged discrimination. The complaint must contain your name and address and describe the discrimination you are complaining about. We will review it and notify you in writing about whether we have authority to investigate. If we do, we will investigate the complaint.

DHS will notify you in writing of the investigation's outcome. You have the right to appeal if you disagree with the decision. To appeal, you must send a written request to have DHS review the investigation outcome. Be brief and state why you disagree with the decision. Include additional information you think is important.

If you file a complaint in this way, the people who work for the agency named in the complaint cannot retaliate against you. This means they cannot punish you in any way for filing a complaint. Filing a complaint in this way does not stop you from seeking out other legal or administrative actions.

Contact **DHS** directly to file a discrimination complaint:

Civil Rights Coordinator

Minnesota Department of Human Services

Equal Opportunity and Access Division

P.O. Box 64997

St. Paul, MN 55164-0997

651-431-3040 (voice) or use your preferred relay service

American Indians can continue or begin to use tribal and Indian Health Services (IHS) clinics. We will not require prior approval or impose any conditions for you to get services at these clinics. For elders age 65 years and older this includes Elderly Waiver (EW) services accessed through the tribe. If a doctor or other provider in a tribal or IHS clinic refers you to a provider in our network, we will not require you to see your primary care provider prior to the referral.

Important Information

This is PrimeWest Health's Medical Drug List for Families and Children, MinnesotaCare, Minnesota Senior Care Plus (MSC+), and Special Needs BasicCare (SNBC).

What is a medical drug?

Medical drugs are given in a clinic or hospital setting. You cannot get these drugs in a retail pharmacy. These drugs are prescribed and given by a health care provider. If you are prescribed a drug that is on the PrimeWest Health Medical Drug List, you will need to contact your clinic or hospital to get it.

PrimeWest Health uses an open formulary for medical drugs. This means all drugs may be covered, but some have coverage rules. The drugs on the list are selected by PrimeWest Health with the help of a team of doctors and pharmacists. PrimeWest Health will generally cover the drugs in the list as long as the drug is medically necessary, the drug is provided by a contracted facility, and other requirements related to the drug are followed.

Does the drug list ever change?

This drug list can change during the course of a calendar year. If changes affect the coverage of a drug you are being given, PrimeWest Health will make reasonable efforts to contact you and your prescriber to tell you about the change. PrimeWest Health will also tell you about alternative drugs that are covered.

Examples of some changes that may occur are the following:

- A drug is removed from the list for safety reasons
- Service Authorization requirements have changed

How are drugs listed in the drug list?

All drugs are listed alphabetically.

What if a drug is not on the list?

Some drugs require a Service Authorization. We will cover it if your qualified health care provider shows us that: 1) the drug that is normally covered has caused a harmful reaction to you; 2) it is being used for a Food and Drug Administration (FDA)-supported reason; or 3) the drug will be used safely and will work to treat your symptoms. Some classes of drugs are excluded and not covered, such as compounds using powders or drugs not approved by the FDA.

If PrimeWest Health does not cover your drug, you can do one of these things:

- You can ask your health care provider if there is another covered drug that will work for you.
- You and/or your health care provider can ask PrimeWest Health to authorize and cover the drug for you. If your authorization request is approved, the drug will be covered if it is billed correctly and given by a contracted provider.

Your health care provider can request a non-covered drug by using the provider portal. You can also submit a request by calling Member Services at **1-866-431-0801**, Monday – Friday, 8 a.m. – 4:30 p.m., for help. TTY users call **1-800-627-3529** or **711**. The call is free.

HCPCS (For provider use only)	Description
J7121	5% DEXTROSE IN LAC RINGERS
J7042	5% DEXTROSE/NORMAL SALINE
J7060	5% DEXTROSE/WATER
J0129	ABATACEPT INJECTION
J0130	ABCIXIMAB INJECTION
Q4356	ABIO MEM ABIO HYD PER SQ CM
Q4355	ABIO XPL ABIO XPL HY P SQ CM
J0586	ABOBOTULINUMTOXINA
Q4325	ACAPATCH, PER SQ CM
Q4312	ACESSO AC, PER SQ CM
Q4293	ACESSO DL, PER SQ CM
Q4300	ACESSO TL, PER SQ CM
Q4311	ACESSO, PER SQ CM
J0131	ACETAMINOPHEN INJECTION
J1120	ACETAZOLAMID SODIUM INJECTIO
J0132	ACETYLCYSTEINE INJECTION
J7608	ACETYLCYSTEINE NON-COMP UNIT
Q4301	ACTIVATE MATRIX, PER SQ CM
J0133	ACYCLOVIR INJECTION
J0153	ADENOSINE INJ 1MG
J7352	AFAMELANOTIDE IMPLANT, 1 MG
Q2057	AFAMITRESGENE AUTOLEUCCEL
Q4159	AFFINITY1 SQUARE CM
J0178	AFLIBERCEPT INJECTION
Q2035	AFLURIA VACC, 3 YRS & >, IM
J0180	AGALSIDASE BETA INJECTION
J0200	ALATROFLOXACIN MESYLATE
P9046	ALBUMIN (HUMAN), 25%, 20 ML
P9047	ALBUMIN (HUMAN), 25%, 50ML
P9045	ALBUMIN (HUMAN), 5%, 250 ML
P9041	ALBUMIN (HUMAN),5%, 50ML
J7620	ALBUTEROL IPRATROP NON-COMP
J7611	ALBUTEROL NON-COMP CON
J7613	ALBUTEROL NON-COMP UNIT
J9015	ALDESLEUKIN INJECTION
J0215	ALEFACEPT
J0205	ALGLUCERASE INJECTION
J0220	ALGLUCOSIDASE ALFA INJECTION
Q4212	Allogen, per cc
Q4323	ALLOPLY, PER SQ CM
Q4123	ALLOSKIN
Q4141	ALLOSKIN AC, 1 CM
J0256	ALPHA 1 PROTEINASE INHIBITOR
J0270	ALPROSTADIL FOR INJECTION
J2997	ALTEPLASE RECOMBINANT

HCPCS (For provider use only)	Description
J7214	ALTUVIIIIO PER FACTOR VIII IU
Q4364	AM BUR XP MEM XPL HY P SQ CM
Q4360	AMCHOPLAST FD PER SQ CM
Q4316	AMCHOPLAST, PER SQ CM
Q4368	AMCHOTHICK PER SQ CM
J0207	AMIFOSTINE
J0278	AMIKACIN SULFATE INJECTION
J7308	AMINOLEVULINIC ACID HCL TOP
J7345	AMINOLEVULINIC ACID, 10% GEL
J0280	AMINOPHYLLIN 250 MG INJ
J0282	AMIODARONE HCL
J1320	AMITRIPTYLINE INJECTION
Q4139	AMNIO OR BIODMATRIX, INJ 1CC
Q4294	AMNIO QUAD-CORE, PER SQ CM
Q4295	AMNIO TRI-CORE, PER SQ CM
Q4181	AMNIO WOUND, PER SQUARE CM
Q4221	Amnio Wrap2, per sq cm
Q4250	AMNIOAMP-MP PER SQ CM
Q4188	AMNIOARMOR 1 SQ CM
Q4225	AMNIOBIND, PER SQ CM
Q4227	Amniocore per sq cm
Q4367	AMNIOCORE SL, PER SQ CM
Q4379	AMNIODEFEND FT PER SQ CM
Q4137	AMNIOEXCEL BIODEXCEL 1SQ CM
Q4239	Amnio-maxx or lite per sq cm
Q4247	Amniotext patch, per sq cm
Q4324	AMNIOTX, PER SQ CM
Q4249	AMNIPLY, PER SQ CM
J0300	AMOBARBITAL 125 MG INJ
J0288	AMPHO B CHOLESTERYL SULFATE
J0285	AMPHOTERICIN B
J0287	AMPHOTERICIN B LIPID COMPLEX
J0289	AMPHOTERICIN B LIPOSOME INJ
J0290	AMPICILLIN 500 MG INJ
J0295	AMPICILLIN SULBACTAM 1.5 GM
J7353	ANACAULASE-BCDB 8.8% GEL 1 G
S0170	ANASTROZOLE 1 MG
J0348	ANIDULAFUNGIN INJECTION
J7186	ANTIHEMOPHILIC VIII/VWF COMP
J7198	ANTI-INHIBITOR
J7197	ANTITHROMBIN III INJECTION
J7196	ANTITHROMBIN RECOMBINANT
J7511	ANTITHYMOCYTE GLOBULN RABBIT
Q4101	APLIGRAF
J0364	APOMORPHINE HYDROCHLORIDE
J0365	APROTONIN, 10,000 KIU
J0395	ARBUTAMINE HCL INJECTION
Q4333	ARDEOGRAFT, PER SQ CM

HCPSC (For provider use only)	Description
J7605	ARFORMOTEROL NON-COMP UNIT
J0892	ARGATROBAN DIALYSIS (ACCORD)
J0899	ARGATROBAN DIALYSIS, AUROMED
J0884	ARGATROBAN ESRD DIALYSIS 1MG
J0891	ARGATROBAN NONESRD (ACCORD)
J0898	ARGATROBAN NONESRD (AUROMED)
J0883	ARGATROBAN NONESRD USE 1MG
J0400	ARIPIRAZOLE INJECTION
J1944	arispirazole lauroxil 1 mg
J9017	ARSENIC TRIOXIDE INJECTION
Q4190	ARTACENT AC 1 SQ CM
Q4339	ARTACENT VERICLEN, PER SQ CM
Q4169	ARTACENT WOUND, PER SQ CM
C9250	ARTISS FIBRIN SEALANT
Q4213	Ascent, 0.5 mg
J0461	ATROPINE SULFATE INJECTION
J2910	AUROTHIOGLUCOSE INJECITON
Q2041	Axicabtagene ciloleucel car+
Q4332	AXOLOTL DUALGRAFT, PER SQ CM
Q4331	AXOLOTL GRAFT, PER SQ CM
J9025	AZACITIDINE INJECTION
J7500	AZATHIOPRINE ORAL 50MG
J7501	AZATHIOPRINE PARENTERAL
J0456	AZITHROMYCIN
J0475	BACLOFEN 10 MG INJECTION
J0476	BACLOFEN INTRATHECAL TRIAL
Q4281	BARRERA SLOR DL PER SQ CM
J0480	BASILIXIMAB
J9030	Bcg live intravesical 1mg
S0157	BECAPLERMIN GEL 1%, 0.5 GM
J0485	BELATACEPT INJECTION
J0490	BELIMUMAB INJECTION
J0702	BETAMETHASONE ACET&SOD PHOSP
C9257	BEVACIZUMAB INJECTION
J9035	BEVACIZUMAB INJECTION
Q4161	BIO-CONNKT PER SQUARE CM
Q4140	BIODFENCE 1CM
Q4138	BIODFENCE DRYFLEX, 1CM
Q4154	BIOVANCE 1 SQUARE CM
Q4283	BIOVANCE TRI OR 3L, SQ CM
J0583	BIVALIRUDIN
J9040	BLEOMYCIN SULFATE INJECTION
J9042	BRENTUXIMAB VEDOTIN INJ
Q2053	BREXUCABTAGENE CAR POS T
J0945	BROMPHENIRAMINE MALEATE INJ
J7626	BUDESONIDE NON-COMP UNIT
C9089	BUPIVACAINE IMPLANT, 1 MG
J0573	BUPREN/NAL 3.1 TO 6MG BUPREN

HCPSC (For provider use only)	Description
J0574	BUPREN/NAL 6.1 TO 10MG BUPRE
J0575	BUPREN/NAL OVER 10MG BUPRENO
J0572	BUPREN/NAL UP TO 3MG BUPRENO
Q9991	BUPRENORPH XR 100 MG OR LESS
J0592	BUPRENORPHINE HYDROCHLORIDE
J0571	BUPRENORPHINE ORAL 1MG
Q9992	BUPRENORPHINE XR OVER 100 MG
S0106	BUPROPION HCL SR 60 TABLETS
J0594	BUSULFAN INJECTION
J0595	BUTORPHANOL TARTRATE 1 MG
J0597	C-1 ESTERASE, BERINERT
J0598	C-1 ESTERASE, CINRYZE
J9043	CABAZITAXEL INJECTION
J8515	CABERGOLINE, ORAL 0.25MG
J0706	CAFFEINE CITRATE INJECTION
J0630	CALCITONIN SALMON INJECTION
J0615	CALCIUM ACETATE, ORAL, 23 MG
J0612	CALCIUM GLUCON (FRESENIUS)
J0613	CALCIUM GLUCON (WG CRITICAL)
J0620	CALCIUM GLYCER & LACT/10 ML
J0638	CANAKINUMAB INJECTION
J7354	CANTHARIDIN TOP, APPLICATOR
J8522	CAPECITABINE, ORAL, 50 MG
J7336	CAPSAICIN 8% PATCH
J7340	CARBIDOPA LEVODOPA ENT 100ML
J9045	CARBOPLATIN INJECTION
Q4322	CAREGRAFT, PER SQ CM
Q4236	Carepatch per sq cm
J9050	CARMUSTINE INJECTION
J0637	CASPOFUNGIN ACETATE
J0690	CEFAZOLIN SODIUM INJECTION
J0692	CEFEPIME HCL FOR INJECTION
J0698	CEFOTAXIME SODIUM INJECTION
J0694	CEFOXITIN SODIUM INJECTION
J0712	CEFTAROLINE FOSAMIL INJ
J0714	CEFTAZIDIME AND AVIBACTAM
J0715	CEFTIZOXIME SODIUM / 500 MG
J0696	CEFTRIAXONE SODIUM INJECTION
Q4259	CELERA PER SQ CM
Q4184	CELLESTA/DUO PER CM2
J0716	CENTRUROIDES IMMUNE F(AB)
J0710	CEPHAPIRIN SODIUM INJECTION
J0717	CERTOLIZUMAB PEGOL INJ 1MG
J9055	CETUXIMAB INJECTION
J9999	CHEMOTHERAPY DRUG
S0172	CHLORAMBUCIL 2 MG
J0720	CHLORAMPHENICOL SODIUM INJEC
J1990	CHLORDIAZEPOXIDE INJECTION

HCPCS (For provider use only)	Description
J2402	CHLOROPROCAINE (CLOROTEKAL)
J2401	CHLOROPROCAINE HCL INJECTION
J2403	CHLOROPROCAINE OPHT GEL, 1MG
J0390	CHLOROQUINE INJECTION
J1205	CHLOROTHIAZIDE SODIUM INJ
J3230	CHLORPROMAZINE HCL INJECTION
J0725	CHORIONIC GONADOTROPIN/1000U
Q4359	CHORIPLY, PER SQ CM
J0740	CIDOFOVIR INJECTION
J0743	CILASTATIN SODIUM INJECTION
Q2056	CILTA CEL TO 100 M AUTO BCMA DIR CAR-POS TC DOSE
J0604	CINACALCET, ESRD ON DIALYSIS
J0744	CIPROFLOXACIN IV
J7342	CIPROFLOXACIN OTIC SUSP 6 MG
J9060	CISPLATIN 10 MG INJECTION
J9027	CLOFARABINE INJECTION
J0735	CLONIDINE HYDROCHLORIDE
S0136	CLOZAPINE, 25 MG
Q4229	Cogenex amnio memb per sq cm
J0770	COLISTIMETHATE SODIUM INJ
J0775	COLLAGENASE, CLOST HIST INJ
Q4193	COLL-E-DERM 1 SQ CM
Q4303	COMPLETE AA, PER SQ CM
Q4302	COMPLETE ACA, PER SQ CM
Q4271	COMPLETE FT PER SQ CM
C9488	CONIVAPTAN HCL
Q4246	Coretext or protext, per cc
Q4232	Corplex, per sq cm
J7631	CROMOLYN SODIUM NONCOMP UNIT
J0840	CROTALIDAE POLY IMMUNE FAB
Q4237	Cryo-cord, per sq cm
J7330	CULTURED CHONDROCYTES IMPLNT
J8530	CYCLOPHOSPHAMIDE ORAL 25 MG
J7516	CYCLOSPORIN PARENTERAL 250MG
J7502	CYCLOSPORINE ORAL 100 MG
J7515	CYCLOSPORINE ORAL 25 MG
Q4362	CYGNUS DISK, PER SQ CM
Q4282	CYGNUS DUAL PER SQ CM
Q4199	CYGNUS MATRIX, PER SQ CM
Q4170	CYGNUS, PER SQ CM
Q4166	CYTAL, PER SQUARE CENTIMETER
J9100	CYTARABINE HCL 100 MG INJ
J9098	CYTARABINE LIPOSOME INJ
J0850	CYTOMEGALOVIRUS IMM IV /VIAL
J7070	D5W INFUSION
J9130	DACARBAZINE 100 MG INJ
J7513	DACLIZUMAB, PARENTERAL
J9120	DACTINOMYCIN INJECTION

HCPSC (For provider use only)	Description
J1645	DALTEPARIN SODIUM
J0872	DAPTOMYCIN (XELLIA) UNREFRIG
J0878	DAPTOMYCIN INJECTION
J9144	DARATUMUMAB, HYALURONIDASE
J0882	DARBEPOETIN ALFA, ESRD USE
J0881	DARBEPOETIN ALFA, NON-ESRD
J9151	DAUNORUBICIN CITRATE INJ
J9150	DAUNORUBICIN INJECTION
J0894	DECITABINE INJECTION
J0895	DEFEROXAMINE MESYLATE INJ
J9155	DEGARELIX INJECTION
J0897	DENOSUMAB INJECTION
J1000	DEPO-ESTRADIOL CYPIONATE INJ
Q4313	DERMABIND FM, PER SQ CM
Q4122	DERMACELL, AWM, POROUS CM2
Q4343	DERMACYTE AC MATRX PER SQ CM
Q4248	Dermacyte amn mem allo sq cm
Q4203	DERMA-GIDE, 1 SQ CM
Q4106	DERMAGRAFT
Q4152	DERMAPURE 1 SQUARE CM
Q4153	DERMAVEST, PLURIVEST SQ CM
Q4238	Derm-maxx, per sq cm
J7312	DEXAMETHASONE INTRA IMPLANT
J1100	DEXAMETHASONE SODIUM PHOS
J1096	Dexamethasone, lacrimal ophthalmic insert, 0.1 mg
J1105	DEXMEDETOMIDINE FILM, 1 MCG
J1190	DEXRAZOXANE HCL INJECTION
J7100	DEXTRAN 40 INFUSION
J7110	DEXTRAN 75 INFUSION
S0160	DEXTROAMPHETAMINE
J3360	DIAZEPAM INJECTION
J1730	DIAZOXIDE INJECTION
J0500	DICYCLOMINE INJECTION
J9165	DIETHYLSTILBESTROL INJECTION
J0879	DIFELIKEFALIN, ESRD ON DIALY
J1162	DIGOXIN IMMUNE FAB (OVINE)
J1160	DIGOXIN INJECTION
J1240	DIMENHYDRINATE INJECTION
J1212	DIMETHYL SULFOXIDE 50% 50 ML
Q0163	DIPHENHYDRAMINE HCL 50MG
J1200	DIPHENHYDRAMINE HCL INJECTIO
J1245	DIPYRIDAMOLE INJECTION
J9172	DOCETAXEL (INGENUS), 1 MG
J9171	DOCETAXEL INJECTION
J1260	DOLASETRON MESYLATE
J1265	DOPAMINE INJECTION
J7639	DORNASE ALFA NON-COMP UNIT
J9000	DOXORUBICIN HCL INJECTION

HCPCS (For provider use only)	Description
Q2050	DOXORUBICIN INJ 10MG
Q0155	DRONABINOL (SYNDROS) 0.1 MG
Q0167	DRONABINOL 2.5MG ORAL
J1790	DROPERIDOL INJECTION
J3490	DRUGS UNCLASSIFIED INJECTION
Q4262	DUAL LAYER IMPAX, PER SQ CM
J1180	DYPHYLLINE INJECTION
J1290	ECALLANTIDE INJECTION
J0600	EDETATE CALCIUM DISODIUM INJ
J3520	EDETATE DISODIUM PER 150 MG
Q4318	E-GRAFT, PER SQ CM
J9175	ELLIOTTS B SOLUTION PER ML
J1322	ELOSULFASE ALFA, INJECTION
Q4297	EMERGE MATRIX, PER SQ CM
Q4351	ENCLOSE TL MATRIX, PER SQ CM
J1324	ENFUVRTIDE INJECTION
J7601	ENSIFENTRINE INH 3 MG
Q4258	ENVERSE, PER SQ CM
Q4187	EPICORD 1 SQ CM
Q4278	EPIEFFECT, PER SQ CM
Q4186	EPIFIX 1 SQ CM
J0168	EPINEPHRINE (INTL MED SYS)
Q4361	EPIXPRESS, PER SQ CM
Q4081	EPOETIN ALFA, 100 UNITS ESRD
J0885	EPOETIN ALFA, NON-ESRD
J0887	EPOETIN BETA ESRD USE
J0888	EPOETIN BETA NON ESRD
S0155	EPOPROSTENOL DILUTANT
J1325	EPOPROSTENOL INJECTION
J1327	EPTIFIBATIDE INJECTION
J1330	ERGONOVINE MALEATE INJECTION
J9179	ERIBULIN MESYLATE INJECTION
J1335	ERTAPENEM INJECTION
J9019	ERWINAZE INJECTION
J1364	ERYTHRO LACTOBIONATE /500 MG
Q4272	ESANO A, PER SQ CM
Q4274	ESANO AC, PER SQ CM
Q4275	ESANO ACA, PER SQ CM
S0013	ESKETAMINE, NASAL SPRAY
J1380	ESTRADIOL VALERATE 10 MG INJ
J1438	ETANERCEPT INJECTION
J7295	ETH ESTR AND ETON MONTHLY
J1430	ETHANOLAMINE OLEATE 100 MG
J1436	ETIDRONATE DISODIUM INJ
J7307	ETONOGESTREL IMPLANT SYSTEM
J9181	ETOPOSIDE INJECTION
J8560	ETOPOSIDE ORAL 50 MG
J7323	EUFLEXXA INJ PER DOSE

HCPSC (For provider use only)	Description
Q4149	EXCELLAGEN, 0.1 CC
S0156	EXEMESTANE, 25 MG
J7201	FACTOR IX ALPROLIX RECOMB
J7194	FACTOR IX COMPLEX
J7202	Factor ix idelvion inj
J7193	FACTOR IX NON-RECOMBINANT
J7203	FACTOR IX RECOMB GLY REBINYN
J7200	FACTOR IX RECOMBINAN RIXUBIS
J7195	FACTOR IX RECOMBINANT NOS
J7189	FACTOR VIIA
J7212	FACTOR VIIA RECOMB SEVENFACT
J7190	FACTOR VIII
J7191	FACTOR VIII (PORCINE)
J7205	Factor viii fc fusion recomb
J7209	Factor viii nuwiq recomb 1iu
J7207	Factor viii pegylated recomb
J7182	FACTOR VIII RECOMB NOVOEIGHT
J7188	Factor viii recomb obizur
J7192	FACTOR VIII RECOMBINANT NOS
J7180	FACTOR XIII ANTI-HEM FACTOR
J7181	FACTOR XIII RECOMB A-SUBUNIT
J1440	FECAL MICROBIOTA JSLM 1 ML
J3010	FENTANYL CITRATE INJECTION
J0609	FERRIC CITRATE ORL 3 MG IRON
Q0139	FERUMOXYTOL, ESRD USE
Q0138	FERUMOXYTOL, NON-ESRD
J1811	FIASP FOR INSULIN PUMP USE
S0138	FINASTERIDE, 5 MG
J1572	FLEBOGAMMA INJECTION
Q9983	FLORBETABEN F18 DIAGNOSTIC
Q4177	FLOWERAMNIOFLO, 0.1 CC
Q4178	FLOWERAMNIOPATCH, PER SQ CM
J9200	FLOXURIDINE INJECTION
J1450	FLUCONAZOLE
J9185	FLUDARABINE PHOSPHATE INJ
Q4206	Fluid Flow or Fluid GF, 1 cc
Q2036	FLULAVAL VACC, 3 YRS & >, IM
J9190	FLUOROURACIL INJECTION
J2680	FLUPHENAZINE DECANOATE 25 MG
S0175	FLUTAMIDE 125 MG
Q9982	FLUTEMETAMOL F18 DIAGNOSTIC
Q2037	FLUVIRIN VACC, 3 YRS & >, IM
Q2038	FLUZONE VACC, 3 YRS & >, IM
J1451	FOMEPIZOLE, 15 MG
J1652	FONDAPARINUX SODIUM
J7606	FORMOTEROL FUMARATE, INH
J1453	FOSAPREPITANT INJECTION
J1455	FOSCARNET SODIUM INJECTION

HCPDS (For provider use only)	Description
Q2009	FOSPHENYTOIN INJ PE
J1457	GALLIUM NITRATE INJECTION
J1458	GALSULFASE INJECTION
J1560	GAMMA GLOBULIN > 10 CC INJ
J1460	GAMMA GLOBULIN 1 CC INJ
J1569	GAMMAGARD LIQUID INJECTION
J1557	GAMMAPLEX INJECTION
J1561	GAMUNEX-C/GAMMAKED
J7310	GANCICLOVIR LONG ACT IMPLANT
J1570	GANCICLOVIR SODIUM INJECTION
J1580	GARAMYCIN GENTAMICIN INJ
J8565	GEFITINIB ORAL
J7326	GEL-ONE
J7328	GELSYN-3 INJECTION 0.1 MG
J9203	GEMTUZUMAB OZOGAMICIN 0.1 MG
J7320	GENVISC 850, INJ, 1MG
J0257	GLASSIA INJECTION
J1610	GLUCAGON HYDROCHLORIDE/1 MG
J1600	GOLD SODIUM THIOMALEATE INJ
J1602	GOLIMUMAB FOR IV USE 1MG
J1620	GONADORELIN HYDROCH/ 100 MCG
J9202	GOSERELIN ACETATE IMPLANT
Q4132	GRAFIX CORE, GRAFIXPL CORE
Q4304	GRAFIX PLUS, PER SQ CM
Q4133	GRAFIX STRAVIX PRIME PL SQCM
Q4107	GRAFTJACKET
Q4113	GRAFTJACKET XPRESS
S0091	GRANISETRON 1MG
Q0166	GRANISETRON HCL 1 MG ORAL
J1626	GRANISETRON HCL INJECTION
J1631	HALOPERIDOL DECANOATE INJ
J1630	HALOPERIDOL INJECTION
Q4164	HELICOLL, PER SQUARE CM
J1640	HEMIN, 1 MG
J1571	HEPAGAM B IM INJECTION
J1573	HEPAGAM B INTRAVENOUS, INJ
J0751	HIV PREP, FTC/TAF 200/25MG
J0750	HIV PREP, FTC/TDF 200/300MG
J1559	HIZENTRA INJECTION
Q9958	HOCM <=149 MG/ML IODINE, 1ML
Q9960	HOCM 200-249MG/ML IODINE,1ML
Q9961	HOCM 250-299MG/ML IODINE,1ML
Q9962	HOCM 300-349MG/ML IODINE,1ML
Q9963	HOCM 350-399MG/ML IODINE,1ML
Q9964	HOCM>= 400MG/ML IODINE, 1ML
J7187	HUMATE-P, INJ
J7321	HYALGAN SUPARTZ VISCO-3 DOSE
Q4117	HYALOMATRIX

HCPCS (For provider use only)	Description
J3470	HYALURONIDASE INJECTION
J3473	HYALURONIDASE RECOMBINANT
J0360	HYDRALAZINE HCL INJECTION
J1700	HYDROCORTISONE ACETATE INJ
J1710	HYDROCORTISONE SODIUM PH INJ
J1720	HYDROCORTISONE SODIUM SUCC I
S0176	HYDROXYUREA 500 MG
J3410	HYDROXYZINE HCL INJECTION
J7322	HYMOVIS INJECTION 1 MG
J1980	HYOSCYAMINE SULFATE INJ
J7131	HYPERTONIC SALINE SOL
J1575	HYQVIA 100MG IMMUNEGLOBULIN
J1740	IBANDRONATE SODIUM INJECTION
J1741	IBUPROFEN INJECTION
J1742	IBUTILIDE FUMARATE INJECTION
J1744	ICATIBANT INJECTION
J9211	IDARUBICIN HCL INJECTION
Q2055	IDECABTAGENE VICLEUCEL CAR
J1743	IDURSULFASE INJECTION
J9208	IFOSFAMIDE INJECTION
Q4074	ILOPROST NON-COMP UNIT DOSE
J1566	IMMUNE GLOBULIN, POWDER
J7599	IMMUNOSUPPRESSIVE DRUG NOC
J1786	IMUGLUCERASE INJECTION
J9201	IN GEMCITABINE HCL NOS 200MG
J0588	INCOBOTULINUMTOXIN A
J1745	INFLIXIMAB NOT BIOSIMIL 10MG
Q2039	INFLUENZA VIRUS VACCINE, NOS
Q5114	Inj ogivri 10 mg
J0138	INJ ACETAMINOPH 10MG/IBU 3MG
J0134	INJ ACETAMINOPHEN -FRESENIUS
Q5141	INJ ADALIMUMAB-AATY, 1 MG
Q5143	INJ ADALIMUMAB-ADBIM, 1 MG
Q5140	INJ ADALIMUMAB-FKJP, 1 MG
Q5142	INJ ADALIMUMAB-RYVK, 1 MG
J0206	INJ ALLOPURINOL SODIUM 1 MG
Q5126	INJ ALYMSYS 10 MG
J0281	INJ AMINOCAPROIC ACID 1 GRAM
J7169	Inj andexxa, 10 mg
J0491	INJ ANIFROLUMAB-FNIA 1MG
J0401	INJ ARIPIPRAZOLE EXT REL 1MG
J9024	INJ ATEZOLIZUMB 5MG HYA-TQJS
J2782	INJ AVACINCAPTAD PEGOL 0.1MG
J0219	INJ AVAL ALFA-NQPT 4MG
J9038	INJ AXATILIMAB-CSFR 0.1 MG
J0515	INJ BENZTROPINE MESYLATE
Q3027	INJ BETA INTERFERON IM 1 MCG
Q3028	INJ BETA INTERFERON SQ 1 MCG

HCPCS (For provider use only)	Description
J7351	INJ BIMATOPROST ITC IMP1MCG
J0190	INJ BIPERIDEN LACTATE/5 MG
J9054	INJ BORTEZOMIB BORUZU 0.1 MG
J0578	INJ BRIXADI, MORE THAN 7 DAY
J0636	INJ CALCITRIOL PER 0.1 MCG
J0687	INJ CEFAZOLIN (WG CRIT CARE)
J0689	INJ CEFAZOLIN SODIUM, BAXTER
J0688	INJ CEFAZOLIN SODIUM, HIKMA
J0713	INJ CEFTAZIDIME PER 500 MG
J0695	INJ CEFTOLOZANE TAZOBACTAM
J9065	INJ CLADRIBINE PER 1 MG
J0745	INJ CODEINE PHOSPHATE /30 MG
J9275	INJ COSIBELIMAB-IPDL, 2 MG
J0791	Inj crizanlizumab-tmca 5mg
J0841	INJ CROTALIDAE IM F(AB') ² EQ
J1551	INJ CUTAQUIG 100 MG
J1555	INJ CUVITRU, 100 MG
J9072	INJ CYCLOPHOS DR.REDDY'S 5MG
J9073	INJ CYCLOPHOSPHAMD (INGENUS)
J9071	INJ CYCLOPHOSPHAMD AUROMEDIC
J9153	INJ DAUNORUBICIN, CYTARABINE
J0589	INJ DAXIBOTULINUMTOXINA-LANM
J1413	INJ DELANDISTROGENE MOX ROKL
J9161	INJ DENILEUK DIFTI-CXDL 1MCG
J0591	Inj deoxycholic acid, 1 mg
J2597	INJ DESMOPRESSIN ACETATE
J1110	INJ DIHYDROERGOTAMINE MESYLT
J1250	INJ DOBUTAMINE HCL/250 MG
J1271	INJ DOXYCYCLINE HYCLATE 1 MG
J9334	INJ EFGART-ALFA 2MG HYA-QVFC
J9332	INJ EFGARTIGIMOD 2MG
J1449	INJ EFLAPEGRASTIM-XNST 0.1MG
J9177	Inj enfort vedo-ejfv 0.25mg
J1650	INJ ENOXAPARIN SODIUM
J9321	INJ EPCORITAMAB-BYSP 0.16 MG
J0169	INJ EPINEPHRINE (ADRENALIN)
J0166	INJ EPINEPHRINE (BPI)
J0167	INJ EPINEPHRINE (HOSPIRA)
J0165	INJ EPINEPHRINE NOS 0.1 MG
J1806	INJ ESMOLOL HCL WG CRIT CARE
J1410	INJ ESTROGEN CONJUGATE 25 MG
J9358	Inj fam-trastu deru-nxki 1mg
Q9953	INJ FE-BASED MR CONTRAST,1ML
J1951	INJ FENSOLVI 0.25 MG
J1439	INJ FERRIC CARBOXYMALTOS 1MG
J1442	INJ FILGRASTIM EXCL BIOSIMIL
J2679	INJ FLUPHENAZINE HCL 1.25 MG
S0126	INJ FOLLITROPIN ALFA 75 IU

HCPCS (For provider use only)	Description
S0128	INJ FOLLITROPIN BETA 75 IU
J7356	INJ FOSCARB/FOSLEVODOPA 5 MG
J1454	INJ FOSNETUPITANT, PALONOSET
S0132	INJ GANIRELIX ACETAT 250 MCG
J9196	INJ GEMCITABINE HCL (ACCORD)
J0223	Inj givosiran 0.5 mg
J9286	INJ GLOFITAMAB GXBM, 2.5 MG
J1611	INJ GLUCAGON HCL, FRESENIUS
J1598	INJ GLYCOPYRROLATE FRES KABI
J1597	INJ GLYCOPYRROLATE, GLYRX-PF
J1429	Inj golodirsen 10 mg
J1642	INJ HEPARIN SODIUM PER 10 U
J1644	INJ HEPARIN SODIUM PER 1000U
J1643	INJ HEPARIN, PFIZER, 1000U
Q5113	Inj herzuma 10 mg
J7178	INJ HUMAN FIBRINOGEN CON NOS
J3424	INJ HYDROXOCOBALAMIN IV 25MG
J7313	INJ ILUVIEN, 0.01MG
J0742	Inj imip 4 cilas 4 releb 2mg
J9229	INJ INOTUZUMAB OZOGAM 0.1 MG
J9205	Inj irinotecan liposome 1 mg
J1750	INJ IRON DEXTRAN
J1459	INJ IVIG PRIVIGEN 500 MG
J1921	INJ LABETALOL HCL HIKMA, 5MG
J0691	Inj lefamulin 1 mg
J1955	INJ LEVOCARNITINE PER 1 GM
J0641	INJ LEVOLEUCOVORIN NOS 0.5MG
J9359	INJ LON TESIRIN-LPYL 0.075MG
J0896	Inj luspatercept-aamt 0.25mg
J1954	Inj lutrate depot 7.5mg
J3398	INJ LUXTURNA 1 BILLION VEC G
J3475	INJ MAGNESIUM SULFATE
J7172	INJ MARSTACIM-HNCQ, 0.5 MG
J9248	INJ MELPHALAN (HEPZATO) 1 MG
J9245	INJ MELPHALAN HYDROCHL 50 MG
S0122	INJ MENOTROPINS 75 IU
J0670	INJ MEPIVACAINE HCL/10 ML
J2183	INJ MEROPENEM (WG CRIT CARE)
J0380	INJ METARAMINOL BITARTRATE
J0616	INJ METOPROLOL TARTRATE 1 MG
J2251	INJ MIDAZOLAM (WG CRIT CARE)
J2250	INJ MIDAZOLAM HYDROCHLORIDE
J2252	INJ MIDAZOLAM IN 0.8% NAACL
J2260	INJ MILRINONE LACTATE / 5 MG
J2274	INJ MORPHINE PF EPID ITHC
J9350	INJ MOSUNETUZUMAB-AXGB, 1 MG
J2281	INJ MOXIFLOXACIN (FRES KABI)
Q5107	INJ MVASI 10 MG

HCPCS (For provider use only)	Description
J2300	INJ NALBUPHINE HYDROCHLORIDE
J2312	INJ NALOXONE HCL NOS, 0.01MG
J9289	INJ NIVOLUMAB 2 MG HYALURON
J2351	INJ OCRELIZUMAB 1MG HYA-OCSQ
Q9956	INJ OCTAFLUOROPROPANE MIC,ML
J0218	INJ OLIPUDASE ALFA-RPCP 1MG
J3399	Inj onase abepar-xioi treat
Q5112	Inj ontruzant 10 mg
J2470	INJ PANTOPRAZOLE SODIUM 40MG
J2471	INJ PANTOPRAZOLE(HIKMA) 40MG
J2506	INJ PEGFILGRAST EX BIO 0.5MG
Q5120	Inj pegfilgrastim-bmez 0.5mg
J9271	INJ PEMBROLIZUMAB
J9297	INJ PEMETREXED (SANDOZ) 10MG
J9314	Inj pemetrexed (teva) 10mg
J9294	INJ PEMETREXED, HOSPIRA 10MG
Q9957	INJ PERFLUTREN LIP MICROS,ML
J2371	INJ PHENYLEPHRINE HCL 20 MCG
J2998	INJ PLASMINOGEN TVMH 1MG
J3480	INJ POTASSIUM CHLORIDE
J9376	INJ POZELIMAB-BBFG, 1 MG
J2675	INJ PROGESTERONE PER 50 MG
J2720	INJ PROTAMINE SULFATE/10 MG
J2725	INJ PROTIRELIN PER 250 MCG
J7204	Inj recombin esperoct per iu
Q5105	INJ RETACRIT ESRD ON DIALYSI
Q5106	INJ RETACRIT NON-ESRD USE
J7311	INJ RETISERT, 0.01MG
J2327	INJ RISANKIZUMAB-RZAA 1 MG
J2794	INJ RISPERDAL CONSTA, 0.5MG
J9311	INJ RITUXIMAB, HYALURONIDASE
J1412	INJ ROCTAVIAN ML 2X10 ¹³ VC G
J9319	INJ ROMIDEPSIN LYOPHIL 0.1MG
J9318	INJ ROMIDEPSIN NON-LYO 0.1MG
J9333	INJ RONZANOLIXIZUM-NOLI 1 MG
Q5119	Inj ruxience, 10 mg
J2840	Inj sebelipase alfa 1 mg
J2850	INJ SECRETIN SYNTHETIC HUMAN
J3247	INJ SECUKINUMAB INTRAV 1MG
J9331	INJ SIROLIMUS PROT PART 1 MG
J0208	INJ SODIUM THIOSULFATE 100MG
J2995	INJ STREPTOKINASE /250000 IU
Q9950	INJ SULF HEXA LIPID MICROSPH
J2865	INJ SULFAMETH/TRIM 5 MG/1 MG
J9325	Inj talimogene laherparepvec
J3055	INJ TALQUETAMAB-TGVS 0.25 MG
J1447	INJ TBO FILGRASTIM 1 MICROG
J9380	INJ TECLISTAMAB CQYV 0.5 MG

HCPSC (For provider use only)	Description
J3090	INJ TEDIZOLID PHOSPHATE
J9381	INJ TEPLIZUMAB MZVW 5 MCG
J3121	INJ TESTOSTERO ENANTHATE 1MG
J1071	INJ TESTOSTERONE CYPIONATE
J2356	INJ TEZEPELUMAB-EKKO, 1MG
J2810	INJ THEOPHYLLINE PER 40 MG
J9341	INJ THIOTEPA (TEPYLUTE) 1 MG
J9342	INJ THIOTEPA NOS 1 MG
J9273	INJ TISOTU VEDOTIN-TFTV, 1MG
J1304	INJ TOFERSEN INTRATHEC 1 MG
J9355	INJ TRASTUZUMAB EXCL BIOSIMI
J7355	INJ TRAVOPROST INTRA IMPL
J3304	INJ TRIAMCINOLONE ACE XR 1MG
J3305	INJ TRIMETREXATE GLUCORONATE
Q5115	Inj truxima 10 mg
J2329	INJ UBLITUXIMAB-XIYY, 1 MG
Q9999	INJ USTEKINUMAB-AAUZ 1 MG
Q5100	INJ USTEKINUMAB-KFCE, 1 MG
Q5098	INJ USTEKINUMAB-SRLF, 1 MG
Q5099	INJ USTEKINUMAB-STBA, 1 MG
J3375	INJ VANCOMYCIN (XELLIA) 10MG
J2599	INJ VASOPRESSIN (AM REG) 1 U
J0217	INJ VELMANASE ALFA-TYCV 1 MG
J3299	INJ XIPERE 1 MG
J9276	INJ ZANIDATAMAB-HRII, 2 MG
J9382	INJ ZENOCUTUZUMAB-ZBCO 1 MG
J0402	INJ, ABILIFY ASIMTUFII, 1 MG
Q5145	INJ, ABRILADA, 1 MG
J0136	INJ, ACETAMINOPHEN (B BRAUN)
J0137	INJ, ACETAMINOPHEN (HIKMA)
J0139	INJ, ADALIMUMAB, 1 MG
J9354	INJ, ADO-TRASTUZUMAB EMT 1MG
J9029	INJ, ADSTILADRIN, PER TX DOS
J0172	INJ, ADUCANUMAB-AVWA, 2 MG
J7171	INJ, ADZYNMA, 10 IU
J0177	INJ, AFLIBERCEPT HD, 1 MG
Q5147	INJ, AFLIBERCEPT-AYYH, 1 MG
J7210	INJ, AFSTYLA, 1 I.U.
J0216	INJ, ALFENTANIL HCL, 500MCG
J1552	INJ, ALYGLO, 500 MG
J0283	INJ, AMIODARONE (NEXTERONE)
J0184	INJ, AMISULPRIDE, 1 MG
J9061	INJ, AMIVANTAMAB-VMJW
C9145	INJ, APONVIE, 1 MG
J0391	INJ, ARTESUNATE, 1MG
J9021	INJ, ASPARA, RYLAZE, 0.1 MG
J9022	INJ, ATEZOLIZUMAB,10 MG
J3391	INJ, ATIDARSAGENE AUTOTEMCEL

HCPCS (For provider use only)	Description
J1414	INJ, BEQVEZ, PER TX DOSE
J3393	INJ, BETIBEGLOGENE AUTOTEMCE
J0565	INJ, BEZLOTOXUMAB, 10 MG
J2372	INJ, BIORPHEN, 20 MICROGRAMS
J9049	INJ, BORTEZOMIB, HOSPIRA
J0577	INJ, BRIXADI, 7 DAYS OR LESS
J0179	INJ, BROLUCIZUMAB-DBLL, 1 MG
J1939	INJ, BUMETANIDE, 0.5 MG
C9144	INJ, BUPIVACAINE (POSIMIR)
J0666	INJ, BUPIVACAINE LIPOSOME
J0665	INJ, BUPIVACAINE, NOS, 0.5MG
J0741	INJ, CABOTE RILPIVIR 2MG 3MG
J0618	INJ, CALCIUM CHLORIDE, 2 MG
J9052	INJ, CARMUSTINE (ACCORD)
J0703	INJ, CEFEPIME HCL (B BRAUN)
J0699	INJ, CEFIDEROCOL, 10 MG
Q5128	INJ, CIMERLI, 0.1 MG
J1203	INJ, CIPAGLUCOSIDASE, 5 MG
J0737	INJ, CLINDAMYCIN (BAXTER)
J0736	INJ, CLINDAMYCIN PHOSP 300MG
J1307	INJ, CROVALIMAB-AKKZ, 10 MG
J9076	INJ, CYCLOPHOS (BAXTER) 5MG
J9074	INJ, CYCLOPHOSPHAMD, SANDOZ
J9075	INJ, CYCLOPHOSPHAMIDE, NOS
J0874	INJ, DAPTOMYCIN (BAXTER)
J0877	INJ, DAPTOMYCIN (HOSPIRA)
J0873	INJ, DAPTOMYCIN (XELLIA)
J0893	INJ, DECITABINE (SUN PHARMA)
J1163	INJ, DILTIAZEM HCL, 0.5 MG
J9174	INJ, DOCETAXEL (BEIZRAY) 1MG
J0175	INJ, DONANEMAB-AZBT, 2 MG
J9272	INJ, DOSTARLIMAB-GXLY, 10 MG
J7318	INJ, DUROLANE 1 MG
J1299	INJ, ECULIZUMAB, 2 MG
Q5151	INJ, ECULIZUMAB-AAGH, 2 MG
Q5152	INJ, ECULIZUMAB-AEEB, 2 MG
J9361	INJ, EFBEMALENOGRASTIM ALFA-
J9063	INJ, ELAHERE, 1 MG
J1323	INJ, ELRANATAMAB-BCMM, 1 MG
J9178	INJ, EPIRUBICIN HCL, 2 MG
J2428	INJ, ERZOFRI, 1 MG
J1805	INJ, ESMOLOL HCL, 10MG
J0606	INJ, ETELCALCETIDE, 0.1 MG
J1428	INJ, ETEPLIRSEN, 10 MG
J1305	INJ, EVINACUMAB-DGNB, 5MG
J3392	INJ, EXAGAMGLOGENE AUTOTEM
J7175	INJ, FACTOR X, (HUMAN), 1IU
J1308	INJ, FAMOTIDINE, 0.25 MG

HCPSC (For provider use only)	Description
J1434	INJ, FOCINVEZ, 1MG
J1808	INJ, FOLIC ACID, 0.1 MG
J1456	INJ, FOSAPREPITANT (TEVA)
J9394	INJ, FULVESTRANT (FRESENIUS)
J9393	INJ, FULVESTRANT (TEVA)
J1941	INJ, FUROSCIX, 20 MG
J1938	INJ, FUROSEMIDE, 1 MG
Q5130	INJ, FYLNETRA, 0.5 MG
J1574	INJ, GANCICLOVIR (EXELA)
J1596	INJ, GLYCOPYRROLATE, 0.1 MG
J1627	INJ, GRANISETRON, XR, 0.1 MG
J1411	INJ, HEMGENIX, PER TX DOSE
Q5146	INJ, HERCESSI, 10 MG
J7165	INJ, HUMAN-LANS, PER I.U
J1171	INJ, HYDROMORPHONE, 0.1 MG
J3425	INJ, HYDROXOCOBALAMIN
Q5144	INJ, IDACIO, 1 MG
J1749	INJ, ILOPROST, 0.1 MCG
J1554	INJ, IMM GLOB (ASCENIV), 500 MG
J1556	INJ, IMM GLOB BIVIGAM, 500MG
J2373	INJ, IMMPHENTIV, 20 MCG
J2427	INJ, INVEGA HAFYERA/TRINZA
J7213	INJ, IXINITY, 1 I.U.
J7211	INJ, KOVALTRY, 1 I.U.
J1920	INJ, LABETALOL HCL, 5MG
J0174	Inj, lecanemab-irmb, 1 mg
J1961	INJ, LENACAPAVIR, 1 MG
J0650	INJ, LEVOTHYROXINE NOS 10MCG
J0651	INJ, LEVOTHYROXINE, FRESKABI
J0652	INJ, LEVOTHYROXINE, HIKMA
J2003	INJ, LIDOCAINE HCL, 1 MG
J2002	INJ, LIDOCAINE IN D5W, 1 MG
J2004	INJ, LIDOCAINE W EPINEPHRINE
J2021	INJ, LINEZOLID (HOSPIRA)
J3394	INJ, LOVOTIBEGLOGENE AUTOTEM
J9249	INJ, MELPHALAN (APOTEX) 1 MG
J2184	INJ, MEROPENEM (B. BRAUN)
J2186	INJ, MEROPENEM, VABORBACTAM, 10MG
J1010	INJ, METHYLPRED ACETATE 1 MG
J2919	INJ, METHYLPRED SOD SUCC 5MG
J1836	INJ, METRONIDAZOLE, 10 MG
J2246	INJ, MICA FUNGIN (BAXTER)
J2247	INJ, MICA FUNGIN (PAR PHARM)
J2267	INJ, MIRIKIZUMAB-MRKZ, 1 MG
J2272	INJ, MORPHINE (FRESENIUS)
J2277	INJ, MOTIXAFORTIDE, 0.25 MG
J2280	INJ, MOXIFLOXACIN 100 MG
J2290	INJ, NAFCILLIN SODIUM, 20 MG

HCPCS (For provider use only)	Description
J2313	INJ, NALOXONE (ZIMHI) 0.01MG
J2404	INJ, NICARDIPINE 0.1 MG
J0211	INJ, NITHIODOTE, 3MG / 125MG
J2305	INJ, NITROGLYCERIN, 5 MG
J9028	INJ, NOGAPENDEKIN PMLN, 1MCG
J2326	INJ, NUSINERSEN, 0.1MG
Q5148	INJ, NYPOSI 1 MCG
Q5122	INJ, NYVEPRIA
J7316	INJ, OCRIPLASMIN, 0.125 MG
J9285	INJ, OLARATUMAB, 10 MG
J9262	INJ, OMACETAXINE MEP, 0.01MG
J2468	INJ, PALONOSETRON (AVYXA)
J2472	INJ, PANTOPRAZOLE SODIUM CHL
J1576	INJ, PANZYGA, 500 MG
J2502	INJ, PASIREOTIDE LONG ACTING
J2781	INJ, PEGCETACOPLAN, 1MG
J9292	INJ, PEMETREXED (AVYXA) 10MG
J9323	INJ, PEMETREXED (HOSPIRA) 10
Q0224	INJ, PEMIVIBART, 4500 MG
J9324	INJ, PEMRYDI RTU, 10 MG
J9309	INJ, POLATUZUMAB VEDOTIN 1MG
J2704	INJ, PROPOFOL, 10 MG
J0248	Inj, remdesivir, 1 mg
J2249	INJ, REMIMAZOLAM, 1 MG
J9345	INJ, RETIFANLIMAB-DLWR, 1 MG
J0349	INJ, REZAFUNGIN, 1 MG
J2804	INJ, RIFAMPIN, 1 MG
J0587	INJ, RIMABOTULINUMTOXINB
J2802	INJ, ROMIPLOSTIM 1 MICROGRAM
J2801	INJ, RYKINDO, 0.5 MG
J2561	INJ, SEZABY, 1 MG
J0209	INJ, SOD THIOSULFATE (HOPE)
J1747	INJ, SPESOLIMAB-SBZO, 1 MG
Q5127	INJ, STIMUFEND, 0.5 MG
J2779	INJ, SUSVIMO 0.1 MG
J9349	INJ, TAFASITAMAB-CXIX, 2 MG
J3060	INJ, TALIGLUCERASE ALFA 10 U
J9026	INJ, TARLATAMAB-DLLE, 1 MG
J1072	INJ, TESTOSTERONE, AZMIRO
J9329	INJ, TISLELIZUMAB-JSGR
Q5133	INJ, TOFIDENCE, 1 MG
J3263	INJ, TORIPALIMAB-TPZI, 1 MG
J9347	INJ, TREMELIMUMAB-ACTL, 1 MG
J7329	INJ, TRIVISC 1 MG
Q5135	INJ, TYENNE, 1 MG
J2799	INJ, UZEDY, 1 MG
J3374	INJ, VANCOMYCIN (MYLAN) 10MG
J3373	INJ, VANCOMYCIN HCL, 10 MG

HCPCS (For provider use only)	Description
J2601	INJ, VASOPRESSIN (BAXTER)
J2598	INJ, VASOPRESSIN, 1 UNIT
Q5129	INJ, VEGZELMA, 10 MG
J1427	INJ, VILTOLARSEN, 10 MG
J9056	INJ, VIVIMUSTA, 1 MG
J0225	INJ, VUTRISIRAN, 1 MG
Q5137	INJ, WEZLANA, SUB CU, 1 MG
J9400	INJ, ZIV-AFLIBERCEPT, 1MG
J1326	INJ, ZOLBETUXIMAB-CLZB, 2 MG
J1748	INJ, ZYMFENTRA, 10 MG
J0802	INJ. (ANI), UP TO 40 UNITS
J0801	INJ. ACTHAR GEL TO 40 UNITS
Q5121	Inj. avsole, 10 mg
J9036	Inj. belrapzo/bendamustine
Q5124	INJ. BYOOVIZ, 0.1 MG
J0701	INJ. CEFEPIME HCL (BAXTER)
J1201	Inj. cetirizine hcl 0.5mg
Q5136	INJ. DENOSUMAB-BBDZ, 1 MG
J3032	INJ. EPTINEZUMAB-JJMR 1 MG
J1437	INJ. FE DERISOMALTOSE 10 MG
J9356	Inj. herceptin hylecta, 10mg
J1823	INJ. INEBILIZUMAB-CDON, 1 MG
J9198	Inj. infugem, 100 mg
J1812	INJ. INSULIN (FIASP)
J1814	INJ. INSULIN (LYUMJEV)
J9227	INJ. ISATUXIMAB-IRFC 10 MG
J7208	Inj. jivi 1 iu
J0224	INJ. LUMASIRAN, 0.5 MG
J9223	INJ. LURBINECTEDIN, 0.1 MG
J9353	INJ. MARGETUXIMAB-CMKB, 5 MG
J1738	INJ. MELOXICAM 1 MG
J7519	INJ. MYCOPHENOLATE MOFETIL
J9348	INJ. NAXITAMAB-GQGK, 1 MG
J2359	INJ. OLANZAPINE, 0.5MG
J9304	INJ. PEMETREXED, 10 MG
Q5123	INJ. RIABNI, 10 MG
J3241	INJ. TEPROTUMUMAB-TRBW 10 MG
J1558	Inj. xembify, 100 mg
J0185	INJ., APREPITANT, 1 MG
J1943	Inj., aristada initio, 1 mg
J9034	INJ., BENDEKA 1 MG
J0517	INJ., BENRALIZUMAB, 1 MG
J1632	INJ., BREXANOLONE, 1 MG
C9047	Inj., caplicizumab-yhdp, 1 mg
J0567	INJ., CERLIPONASE ALFA 1 MG
J9057	INJ., COPANLISIB, 1 MG
J0834	INJ., COSYNTROPIN, 0.25 MG
J9173	INJ., DURVALUMAB, 10 MG

HCPSC (For provider use only)	Description
J7170	INJ., EMICIZUMAB-KXWH 0.5 MG
J9246	Inj., evomela, 1 mg
J7177	INJ., FIBRYGA, 1 MG
J1628	INJ., GUSELKUMAB, 1 MG
J0599	INJ., HAEGARDA 10 UNITS
J1746	INJ., IBALIZUMAB-UIYK, 10 MG
J0593	Inj., lanadelumab-flyo, 1 mg
J9312	INJ., RITUXIMAB, 10 MG
J3245	INJ., TILDRAKIZUMAB, 1 MG
J9033	INJ., TREANDA 1 MG
J3316	INJ., TRIPTORELIN XR 3.75 MG
Q5111	Inj., undenyca 0.5mg
J9041	INJ., VELCADE 0.1 MG
J3397	INJ., VESTRONIDASE ALFA-VJBK
Q0249	Inj.,Tocilizumab for covid-19
J0350	INJECTION ANISTREPLASE 30 U
J1435	INJECTION ESTRONE PER 1 MG
Q5125	INJECTION FILGRASTIM-AYOW BIOSIMILAR 1 MCG
J1595	INJECTION GLATIRAMER ACETATE
C9101	INJECTION OLICERIDINE 0.1 MG
J3265	INJECTION TORSEMIDE 10 MG/ML
J9352	INJECTION TRABECTEDIN 0.1MG
J0202	INJECTION, ALEMTUZUMAB
J9023	INJECTION, AVELUMAB, 10 MG
J0457	INJECTION, AZTREONAM, 100 MG
J9032	INJECTION, BELINOSTAT, 10MG
Q5118	Injection, bevacizumab-bvcr, biosimilar, (Zirabev), 10 mg
J9039	INJECTION, BLINATUMOMAB
J0584	INJECTION, BUROSUMAB-TWZA 1M
J0739	INJECTION, CABOTEGRAVIR 1 MG
J9118	Injection, calaspargase pegol-mknl, 10 units
C9460	INJECTION, CANGRELOR
J9047	INJECTION, CARFILZOMIB, 1 MG
J1426	INJECTION, CASIMERSEN, 10 MG
J9119	Injection, cemiplimab-rwlc, 1 mg
S0023	INJECTION, CIMETIDINE HYDROC
J0875	INJECTION, DALBAVANCIN
J9145	INJECTION, DARATUMUMAB 10 MG
C9462	Injection, delafloxacin
J1095	Injection, dexamethasone 9%
J1270	INJECTION, DOXERCALCIFEROL
J1301	INJECTION, EDARAVONE, 1 MG
J9176	INJECTION, ELOTUZUMAB, 1MG
J9210	Injection, emapalumab-lzsg, 1 mg
J0122	Injection, eravacycline, 1 mg
J2777	INJECTION, FARICIMAB-SVOA, 0.1 MG
J3031	Injection, fremanezumab-vfrm, 1 mg
Q5108	INJECTION, FULPHILA

HCPSC (For provider use only)	Description
J9395	INJECTION, FULVESTRANT
J0870	INJECTION, IMETELSTAT, 1 MG
J1306	INJECTION, INCLISIRAN, 1 MG
Q5103	Injection, inflectra
J1833	INJECTION, ISAVUCONAZONIUM
J0642	Injection, khapzory, 0.5 mg
C9254	INJECTION, LACOSAMIDE
J1932	INJECTION, LANREOTIDE, (CIPLA), 1 MG
J2182	INJECTION, MEPOLIZUMAB, 1MG
J9204	Injection, mogamulizumab-kpkc, 1 mg
J9313	Injection, moxetumomab pasudotox-tdfk, 0.01 mg
J9295	INJECTION, NECITUMUMAB, 1 MG
J9299	INJECTION, NIVOLUMAB
J9298	INJECTION, NIVOLUMAB AND RELATLIMAB-RMBW, 3 MG/1 MG
J2350	INJECTION, OCRELIZUMAB, 1 MG
S0034	INJECTION, OFLOXACIN, 400 MG
J0121	Injection, omadacycline, 1 mg
J2407	INJECTION, ORITAVANCIN
J2406	INJECTION, ORITAVANCIN 10 MG
J0222	Injection, patisiran, 0.1 mg
S0080	INJECTION, PENTAMIDINE ISETH
J2547	INJECTION, PERAMIVIR
J9306	INJECTION, PERTUZUMAB, 1 MG
S0081	INJECTION, PIPERACILLIN SODI
J0291	Injection, plazomicin, 5 mg
J9308	INJECTION, RAMUCIRUMAB
J1303	Injection, ravulizumab-cwvz, 10 mg
Q5104	Injection, renflexis
J2786	INJECTION, RESLIZUMAB, 1MG
J2798	Injection, risperidone, (Perseris), 0.5 mg
J3111	Injection, romosozumab-aqqg, 1 mg
J0596	INJECTION, RUCONEST
J2860	INJECTION, SILTUXIMAB
J1302	INJECTION, SUTIMLIMAB-JOME, 10 MG
J7331	Injection, synojoynt, 1 mg
J9269	Injection, tagraxofusp-erzs, 10 mcg
J9274	INJECTION, TEBENTAFUSP-TEBN, 1 MICROGRAM
S0040	INJECTION, TICARCILLIN DISOD
Q5117	Injection, trastuzumab-anns, biosimilar, (Kanjinti), 10 mg
Q5116	Injection, trastuzumab-qyyp, biosimilar, (Trazimera), 10 mg
J1448	INJECTION, TRILACICLIB, 1MG
J7332	Injection, triluron, 1 mg
J3380	INJECTION, VEDOLIZUMAB
J3465	INJECTION, VORICONAZOLE
J7314	Injection, yutiq, 0.01 mg
Q5101	Injection, zarxio
J0585	INJECTION,ONABOTULINUMTOXINA

HCPSC (For provider use only)	Description
J0911	INST TAURO 1.35MG/HEP 100U
S5571	INSULIN DISPOS PEN 3 ML
J1817	INSULIN FOR INSULIN PUMP USE
J1815	INSULIN INJECTION
S5552	INSULIN INTERMED 5 U
S5553	INSULIN LONG ACTING 5 U
S5551	INSULIN MOST RAPID 5 U
S5550	INSULIN RAPID 5 U
S5561	INSULIN REUSE PEN 3 ML
Q4104	INTEGRA BMWD
Q4105	INTEGRA DRT OR OMNIGRAFT
Q4114	INTEGRA FLOWABLE WOUND MATRI
Q4108	INTEGRA MATRIX
J9213	INTERFERON ALFA-2A INJ
J9214	INTERFERON ALFA-2B INJ
J9212	INTERFERON ALFACON-1 INJ
J9215	INTERFERON ALFA-N3 INJ
J1826	INTERFERON BETA-1A INJ
J1830	INTERFERON BETA-1B / .25 MG
J9216	INTERFERON GAMMA 1-B INJ
Q4171	Interfyl, 1 mg
J1452	INTRAOCULAR FOMIVIRSEN NA
J7300	INTRAUT COPPER CONTRACEPTIVE
J9228	IPILIMUMAB INJECTION
J7644	IPRATROPIUM BROMIDE NON-COMP
J9206	IRINOTECAN INJECTION
J1756	IRON SUCROSE INJECTION
J1835	ITRACONAZOLE INJECTION
J1599	IVIG NON-LYOPHILIZED, NOS
J9207	IXABEPILONE INJECTION
J1885	KETOROLAC TROMETHAMINE INJ
J7296	KYLEENA, 19.5 MG
Q4292	LAMELLAS, PER SQ CM
J1930	LANREOTIDE INJECTION
J0607	LANTHANUM CARBONATE ORAL 5MG
J0608	LANTHANUM CARBONATE PWDR 5MG
J1931	LARONIDASE INJECTION
J1945	LEPIRUDIN
J0640	LEUCOVORIN CALCIUM INJECTION
J1950	LEUPROLIDE ACETATE /3.75 MG
J9218	LEUPROLIDE ACETATE INJECITON
J9217	LEUPROLIDE ACETATE SUSPNSION
J1952	LEUPROLIDE INJ, CAMCEVI, 1MG
J7612	LEVALBUTEROL NON-COMP CON
J7614	LEVALBUTEROL NON-COMP UNIT
J1953	LEVETIRACETAM INJECTION
J1956	LEVOFLOXACIN INJECTION
J7297	LILETTA, 52 MG

HCPCS (For provider use only)	Description
J2010	LINCOMYCIN INJECTION
J2020	LINEZOLID INJECTION
Q2054	LISOCABTAGENE MARA CAR POS T
Q9951	LOCM >= 400 MG/ML IODINE,1ML
Q9965	LOCM 100-199MG/ML IODINE,1ML
Q9966	LOCM 200-299MG/ML IODINE,1ML
Q9967	LOCM 300-399MG/ML IODINE,1ML
S0178	LOMUSTINE 10 MG
J2060	LORAZEPAM INJECTION
J0221	LUMIZYME INJECTION
J7504	LYMPHOCYTE IMMUNE GLOBULIN
J1813	LYUMJEV FOR INSULIN PUMP USE
J1726	MAKENA, 10 MG
J7665	MANNITOL FOR INHALER
Q4349	MANTLE DL MATRIX PER SQ CM
Q4201	MATRION 1 SQ CM
Q4118	MATRISTEM MICROMATRIX
Q4345	MATRIX HD ALLOGRFT PER SQ CM
J2170	MECASERMIN INJECTION
J9230	MECHLORETHAMINE HCL INJ
J1050	MEDROXYPROGESTERONE ACETATE
S0179	MEGESTROL 20 MG
Q4373	MEMBRANE WRP LT PER SQ CM
Q4126	MEMODERM/DERMA/TRANZ/INTEGUP
J2175	MEPERIDINE HYDROCHL /100 MG
J2180	MEPERIDINE/PROMETHAZINE INJ
S0108	MERCAPTOPYRINE 50 MG
J2185	MEROPENEM
J9209	MESNA INJECTION
J7674	METHACHOLINE CHLORIDE, NEB
J1230	METHADONE INJECTION
S0109	METHADONE ORAL 5MG
J2800	METHOCARBAMOL INJECTION
J8610	METHOTREXATE ORAL 2.5 MG
J9260	METHOTREXATE SODIUM INJ
J0210	METHYLDOPATE HCL INJECTION
J2210	METHYLERGONOVIN MALEATE INJ
J2212	METHYLNALTREXONE INJECTION
J7509	METHYLPREDNISOLONE ORAL
J2765	METOCLOPRAMIDE HCL INJECTION
J2248	MICAFUNGIN SODIUM INJECTION
S0190	MIFEPRISTONE, ORAL, 200 MG
J1202	MIGLUSTAT ORAL 65 MG
J2265	MINOCYCLINE HYDROCHLORIDE
S0139	MINOXIDIL, 10 MG
J7298	MIRENA, 52 MG
Q4175	Miroderm
S0191	MISOPROSTOL, ORAL, 200 MCG

HCPSC (For provider use only)	Description
J9280	MITOMYCIN INJECTION
J9281	MITOMYCIN INSTILLATION
J9293	MITOXANTRONE HYDROCHL / 5 MG
Q4256	MLG COMPLET, PER SQ CM
J7402	MOMETASONE SINUS SINUVA
J7505	MONOCLONAL ANTIBODIES
J7327	MONOVISC INJ PER DOSE
J2270	MORPHINE SULFATE INJECTION
Q4328	MOST, PER SQ CM
J7514	MYCOPHENOL (MYHIBBIN) 100 MG
J7517	MYCOPHENOLATE MOFETIL ORAL
J7518	MYCOPHENOLIC ACID
J2916	NA FERRIC GLUCONATE COMPLEX
J2315	NALTREXONE, DEPOT FORM
J2323	NATALIZUMAB INJECTION
J9261	NELARABINE INJECTION
Q4176	NEOPATCH, PER SQ CENTIMETER
J2710	NEOSTIGMINE METHYLSLFTE INJ
Q4267	NEOSTIM DL PER SQ CM
Q4266	NEOSTIM PER SQ CM
Q4265	NEOSTIM TL PER SQ CM
Q4156	NEOX 100 OR CLARIX 100
Q4148	NEOX NEOX RT OR CLARIX CORD
Q4155	NEOXFLO OR CLARIXFLO 1 MG
J2325	NESIRITIDE INJECTION
Q5110	NIVESTYM
J7030	NORMAL SALINE SOLUTION INFUS
J7040	NORMAL SALINE SOLUTION INFUS
J7050	NORMAL SALINE SOLUTION INFUS
Q4194	NOVACHOR 1 SQ CM
Q4208	Novafix, per sq cm
Q4285	NUDYN DL OR DL MESH PR SQ CM
Q4286	NUDYN SL OR SLW, PER SQ CM
Q4160	NUSHIELD 1 SQUARE CM
Q2058	OBECBTGE AUTOL UP TO 400 MIL
J9301	OBINUTUZUMAB INJ
J1568	OCTAGAM INJECTION
J2354	OCTREOTIDE INJ, NON-DEPOT
J2353	OCTREOTIDE INJECTION, DEPOT
J9302	OFATUMUMAB INJECTION
J2358	OLANZAPINE LONG-ACTING INJ
J2357	OMALIZUMAB INJECTION
S0119	ONDANSETRON 4 MG
J2405	ONDANSETRON HCL INJECTION
Q0162	ONDANSETRON ORAL
J2355	OPRELVEKIN INJECTION
J8501	ORAL APREPITANT
J8510	ORAL BUSULFAN

HCPCS (For provider use only)	Description
J8540	ORAL DEXAMETHASONE
J7527	ORAL EVEROLIMUS
J8611	ORAL METHOTREXATE (JYLAMVO)
J8612	ORAL METHOTREXATE (XATMEP)
J8655	ORAL NETUPITANT, PALONOSETRO
J8499	ORAL PRESCRIP DRUG NON CHEMO
J8541	ORAL, HEMADY, 0.25 MG
Q4276	ORION, PER SQ CM
J2360	ORPHENADRINE INJECTION
J7324	ORTHOVISC INJ PER DOSE
Q4352	OVERLAY SL MATRIX, PER SQ CM
J3472	OVINE, 1000 USP UNITS
J3471	OVINE, UP TO 999 USP UNITS
J2700	OXACILLIN SODIUM INJECTION
J9263	OXALIPLATIN
J2410	OXYMORPHONE HCL INJECTION
J2460	OXYTETRACYCLINE INJECTION
J2590	OXYTOCIN INJECTION
J9267	PACLITAXEL INJECTION
J9264	PACLITAXEL PROTEIN BOUND
J2425	PALIFERMIN INJECTION
Q4354	PALINGEN DUAL-LAYER SQ CM
Q4173	PALINGEN OR PALINGEN XPLUS
Q4174	PALINGEN OR PROMATRX
J2426	PALIPERIDONE PALMITATE INJ
Q4350	PALISADE DM MATRIX PER SQ CM
J2469	PALONOSETRON HCL
J2430	PAMIDRONATE DISODIUM /30 MG
J9303	PANITUMUMAB INJECTION
J2440	PAPAVERIN HCL INJECTION
J2501	PARICALCITOL
S0145	PEG INTERFERON ALFA-2A/180
S0148	PEG INTERFERON ALFA-2B/10
J2504	PEGADEMASE BOVINE, 25 IU
J9266	PEGASPARGASE INJECTION
J0890	PEGINESATIDE INJECTION
J2507	PEGLOTICASE INJECTION
J2508	PEGUNIGALSIDASE ALFA-IWXJ
Q4320	PELLOGRAFT, PER SQ CM
J9305	PEMETREXED INJECTION
J0558	PENG BENZATHINE/PROCAINE INJ
J0561	PENICILLIN G BENZATHINE INJ
J2540	PENICILLIN G POTASSIUM INJ
J2510	PENICILLIN G PROCAINE INJ
J2545	PENTAMIDINE NON-COMP UNIT
J2513	PENTASTARCH 10% SOLUTION
J3070	PENTAZOCINE INJECTION
J2515	PENTOBARBITAL SODIUM INJ

HCPCS (For provider use only)	Description
J9268	PENTOSTATIN INJECTION
J3310	PERPHENAZINE INJECTION
J9316	PERTUZU, TRASTUZU, 10 MG
J2560	PHENOBARBITAL SODIUM INJ
J2760	PHENTOLAMINE MESYLATE INJ
J1097	Phenylep ketorolac oph soln, 1 ml
J1165	PHENYTOIN SODIUM INJECTION
J2543	PIPERACILLIN/TAZOBACTAM
P9043	PLASMA PROTEIN FRACT,5%,50ML
P9048	PLASMAPROTEIN FRACT,5%,250ML
J2562	PLERIXAFOR INJECTION
J9270	PLICAMYCIN (MITHRAMYCIN) INJ
J9600	PORFIMER SODIUM INJECTION
J9307	PRALATREXATE INJECTION
J2730	PRALIDOXIME CHLORIDE INJ
J2650	PREDNISOLONE ACETATE INJ
J7510	PREDNISOLONE ORAL PER 5 MG
J7512	PREDNISON IR OR DR ORAL 1MG
J2690	PROCAINAMIDE HCL INJECTION
S0182	PROCARBAZINE, ORAL
Q4310	PROCENTA, PER 100 MG
S0183	PROCHLORPERAZINE 5 MG
J0780	PROCHLORPERAZINE INJECTION
Q0164	PROCHLORPERAZINE MALEATE 5MG
Q4222	ProgenaMatrix, per sq cm
J2950	PROMAZINE HCL INJECTION
Q0169	PROMETHAZINE HCL 12.5MG ORAL
J2550	PROMETHAZINE HCL INJECTION
J1800	PROPRANOLOL INJECTION
J2724	PROTEIN C CONCENTRATE
J7168	PROTHROMBIN COMPLEX KCENTRA
Q4196	PURAPLY AM 1 SQ CM
Q4197	PURAPLY XT 1 SQ CM
J3415	PYRIDOXINE HCL 100 MG
J2770	QUINUPRISTIN/DALFOPRISTIN
Q4347	RAMPART DL MATRIX PER SQ CM
J2778	RANIBIZUMAB INJECTION
J2783	RASBURICASE
Q4296	REBOUND MATRIX, PER SQ CM
Q4314	REEVA, PER SQ CM
J2785	REGADENOSON INJECTION
Q4257	RELEASE, PER SQ CM
Q4321	RENOGRAFT, PER SQ CM
Q4191	RESTORIGIN 1 SQ CM
J2993	RETEPLASE INJECTION
J7677	Revefenacin inh non-com 1mcg
Q4180	REVITA, PER SQ CM
Q4157	REVITALON 1 SQUARE CM

HCPSC (For provider use only)	Description
Q4289	REVOSHIELD+ AMNIO, PER SQ CM
J2788	RHO D IMMUNE GLOBULIN 50 MCG
J2790	RHO D IMMUNE GLOBULIN INJ
J2792	RHO(D) IMMUNE GLOBULIN H, SD
J2791	RHOPHYLAC INJECTION
J2787	Riboflavin 5'-phosphate, ophthalmic solution, up to 3 mL
J2793	RILONACEPT INJECTION
J7120	RINGERS LACTATE INFUSION
J8670	Rolapitant, oral, 1mg
J2795	ROPIVACAINE HCL INJECTION
J9317	SACITUZUMAB GOVITECAN-HZIY
Q4319	SANOGRAFT, PER SQ CM
J2820	SARGRAMOSTIM INJECTION
J7294	SEG ACET AND ETH ESTR YEARLY
Q4348	SENTRY SL MATRIX PER SQ CM
Q0515	SERMORELIN ACETATE INJECTION
J0601	SEVELAMER CARBONATE 20 MG
J0602	SEVELAMER CARBONATE PDR 20MG
J0603	SEVELAMER HYDROCHLORIDE 20MG
Q4346	SHELTER DM MATRIX PER SQ CM
S0090	SILDENAFIL CITRATE, 25 MG
Q4340	SIMPLIGRAFT, PER SQ CM
J2805	SINCALIDE INJECTION
Q2043	SIPULEUCEL-T AUTO CD54+
J7520	SIROLIMUS, ORAL
Q4100	SKIN SUBSTITUTE, NOS
J7301	SKYLA, 13.5 MG
J2940	SOMATREM INJECTION
J2941	SOMATROPIN INJECTION
C9482	SOTALOL HYDROCHLORIDE IV
J3320	SPECTINOMYCN DI-HCL INJ
S1091	STENT NON-CORONARY PROPEL
J0697	STERILE CEFUROXIME INJECTION
A4216	STERILE WATER/SALINE, 10 ML
A4217	STERILE WATER/SALINE, 500 ML
J3000	STREPTOMYCIN INJECTION
J9320	STREPTOZOCIN INJECTION
J0330	SUCCINYCHOLINE CHLORIDE INJ
J0605	SUCROFERRIC OXYHYDROXIDE 5MG
J3030	SUMATRIPTAN SUCCINATE / 6 MG
J9226	SUPPRELIN LA IMPLANT
Q4218	SurgiCORD, per sq cm
Q4183	SURGIGRAFT, 1 SQ CM
Q4219	SurgiGRAFT-DUAL, per sq cm
Q4268	SURGRAFT FT PER SQ CM
Q4263	SURGRAFT TL, PER SQ CM
Q4269	SURGRAFT XT PER SQ CM
J7325	SYNVISC OR SYNVISC-ONE

HCPCS (For provider use only)	Description
J7508	TACROL ASTAGRAF EX REL ORAL
J7503	TACROL ENVARSUS EX REL ORAL
J7521	TACROLIM GRANULES ORAL SUSP
J7507	TACROLIMUS IMME REL ORAL 1MG
J7525	TACROLIMUS INJECTION
Q4261	TAG, PER SQUARE CENTIMETER
S0187	TAMOXIFEN 10 MG
J3095	TELAVANCIN INJECTION
J8700	TEMOZOLOMIDE
J9328	TEMOZOLOMIDE INJECTION
J9330	TEMSIROLIMUS INJECTION
J3101	TENECTEPLASE INJECTION
Q2017	TENIPOSIDE, 50 MG
J3105	TERBUTALINE SULFATE INJ
J3110	TERIPARATIDE INJECTION
S0189	TESTOSTERONE PELLETT 75 MG
J3145	TESTOSTERONE UNDECANOATE 1MG
J1670	TETANUS IMMUNE GLOBULIN INJ
J3411	THIAMINE HCL 100 MG
J3280	THIETHYLPERAZINE MALEATE INJ
J3240	THYROTROPIN INJECTION
J3243	TIGECYCLINE INJECTION
J1655	TINZAPARIN SODIUM INJECTION
J3246	TIROFIBAN HCL
Q2042	TISAGENLECLEUCEL CAR-POS T
J7682	TOBRAMYCIN NON-COMP UNIT
J3260	TOBRAMYCIN SULFATE INJECTION
J3262	TOCILIZUMAB INJECTION
J9351	TOPOTECAN INJECTION
J8705	TOPOTECAN ORAL
J2670	TOTAZOLINE HCL INJECTION
Q4182	TRANSCYTE, PER SQ CENTIMETER
J3285	TREPROSTINIL INJECTION
J7686	TREPROSTINIL, NON-COMP UNIT
Q4344	TRI MEMBRANE WRAP, PER SQ CM
J3300	TRIAMCINOLONE A INJ PRS-FREE
J3301	TRIAMCINOLONE ACET INJ NOS
J3302	TRIAMCINOLONE DIACETATE INJ
J3303	TRIAMCINOLONE HEXACETONL INJ
J3250	TRIMETHOBENZAMIDE HCL INJ
J3315	TRIPTORELIN PAMOATE
Q4167	TRUSKIN, PER SQ CENTIMETER
J3590	UNCLASSIFIED BIOLOGICS
C9399	UNCLASSIFIED DRUGS OR BIOLOG
J3350	UREA INJECTION
J3355	UROFOLLITROPIN, 75 IU
J3365	UROKINASE 250,000 IU INJ
J3357	USTEKINUMAB SUB CU INJ, 1 MG

HCPCS (For provider use only)	Description
Q9996	USTEKINUMAB- TTWE SUB CU INJ
J3358	USTEKINUMAB, IV INJECT, 1 MG
Q9998	USTEKINUMAB-AEKN INJ
Q9997	USTEKINUMAB-TTWE IV INJ 1 MG
J0901	VADADUSTAT ORAL 1MG FOR ESRD
J9357	VALRUBICIN INJECTION
J9225	VANTAS IMPLANT
J3385	VELAGLUCERASE ALFA
Q4279	VENDAJE AC, PER SQ CM
Q4252	VENDAJE, PER SQUARE CENTIMET
C9354	VERITAS COLLAGEN MATRIX, CM2
J3396	VERTEPORFIN INJECTION
Q4309	VIA MATRIX, PER SQ CM
Q4251	VIM, PER SQUARE CENTIMETER
J9360	VINBLASTINE SULFATE INJ
J9370	VINCRISTINE SULFATE 1 MG INJ
J9390	VINORELBINE TARTRATE INJ
Q9968	VISUALIZATION ADJUNCT
J3420	VITAMIN B12 INJECTION
J3430	VITAMIN K PHYTONADIONE INJ
Q4317	VITOGRAFT, PER SQ CM
J1562	VIVAGLOBIN, INJ
J7179	Vonvendi inj 1 iu vwf:rc0
J3401	VYJUVEK 5X10^9PFU/ML, 0.1 ML
J7183	WILATE INJECTION
Q4162	WNDEX FLW, BIOSKN FLW, 0.5CC
Q4163	WOUNDEX, BIOSKIN, PER SQ CM
Q4217	Woundfix biowound plus xplus
Q4326	WOUNDPLUS, PER SQ CM
Q4353	XCEED TL MATRIX PER SQ CM
Q4234	Xcellerate, per sq cm
Q4204	XWRAP 1 SQ CM
Q4358	XWRAP DUAL, PER SQ CM
Q4357	XWRAP PLUS, PER SQ CM
J7185	XYNTHA INJ
Q4253	ZENITH AMNIOTIC MEMBRANE PSC
J2278	ZICONOTIDE INJECTION
J3485	ZIDOVUDINE
S0104	ZIDOVUDINE, ORAL, 100 MG
J3486	ZIPRASIDONE MESYLATE
J3489	ZOLEDRONIC ACID 1MG



Member Services

1-866-431-0801

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